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FILED IN THE
U.S. DISTRICT COURT
EASTERN DISTRICT OF WASHINGTON

SEP 18 2018

SEAN F. McAVOY, CLERK
DEPUTY
SPOKANE, WASHINGTON

UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF WASHINGTON

UNITED STATES OF AMERICA,

Plaintiff,

v.

JANET SUE ARNOLD,
DANIELLE CORINE MATA,
JENNIFER CHERI PRICHARD,
DAVID BARNES NAY, and
LISA MARIE COOPER,

Defendants.

4:18-CR-6044-SMJ

INDICTMENT

Vio: 21 U.S.C. §§ 841(a)(1),
(b)(1)(C), (b)(2), 846
Conspiracy to Distribute and
Possess with Intent to
Distribute Controlled
Substances
(Count 1)

21 U.S.C. §§ 841(a)(1),
(b)(1)(C), 846, 18 U.S.C. § 2
Attempted Distribution of
Controlled Substances
(Counts 2 - 8)

21 U.S.C. § 841(a), (b)(1)(C),
(b)(2), 18 U.S.C. § 2
Distribution of Controlled
Substances
(Counts 9 - 65)

21 U.S.C. § 853
Forfeiture Allegations

1 The Grand Jury charges:

2 GENERAL ALLEGATIONS

3 At all times relevant and material to this Indictment:

4 1. Defendant JANET SUE ARNOLD ("ARNOLD") owned and operated
5 a medical clinic known as Desert Wind Family Practice ("DWFP"), located at 431
6 Wellsian Way, Richland, Washington 99352. DWFP was not licensed by the State
7 of Washington as a pain management clinic.

8 2. Defendant ARNOLD was a licensed physician who held a Washington
9 medical license and Drug Enforcement Agency ("DEA") registration number. As
10 such, Defendant ARNOLD was authorized to prescribe controlled substances for
11 legitimate medical purposes and in the usual course of professional practice.

12 3. An individual (identified herein by the initials "T.N.") acted as DWFP's
13 receptionist until in or about March 2016. T.N. had no known medical background
14 and was not licensed as any type of care provider by the State of Washington.

15 4. Beginning in or about March 2016, Defendant ARNOLD hired
16 Defendant DANIELLE CORINE MATA ("MATA") to work as DWFP's
17 receptionist and office manager. Defendant MATA worked at DWFP until on or
18 about May 31, 2017, when the State of Washington summarily suspended Defendant
19 ARNOLD's medical license. Defendant MATA was not licensed as any type of care
20 provider by the State of Washington, and did not have a DEA registration number
21 to prescribe controlled substances.

22 5. Beginning in or about November 2016, Defendant ARNOLD hired
23 Defendant JENNIFER CHERI PRICHARD ("PRICHARD") to work at DWFP.
24 Defendant PRICHARD was not licensed as any type of care provider by the State of
25 Washington, and did not have a DEA registration number to prescribe controlled
26 substances.

1 6. At an exact date unknown, but at least by in or about March 2016 and
2 continuing through on or about May 3, 2017, Defendant ARNOLD would pre-sign
3 blank prescriptions and provide pre-signed blank prescriptions to Defendants
4 MATA and PRICHARD to provide to individuals seeking Schedule II and Schedule
5 IV controlled substances. At various times, Defendants MATA and PRICHARD
6 would meet with Defendant ARNOLD at off-site locations where Defendant
7 ARNOLD would pre-sign blank prescription paper to provide to individuals seeking
8 Schedule II and Schedule IV controlled substances.

9 7. At an exact date unknown, but at least by in or about March 2016 and
10 continuing through on or about May 3, 2017, Defendant ARNOLD would allow
11 Defendant MATA, even though Defendant MATA was not trained or legally
12 authorized to do so, to fill in all the required prescription information on blank
13 prescriptions pre-signed by Defendant ARNOLD – to include drug type, dosage, and
14 quantity – and Defendant ARNOLD would also allow Defendant MATA to provide
15 the prescriptions to customers or patients. Defendant ARNOLD would sometimes
16 pre-sign blank prescriptions without even knowing the identities of the customer to
17 whom the prescriptions would be issued or the nature or dosage of the drug to be
18 prescribed.

19 8. Defendant DAVID BARNES NAY (“NAY”) was Defendant MATA’s
20 brother-in-law. Defendant NAY used other individuals to obtain and fill
21 prescriptions for controlled substances using prescriptions pre-signed by Defendant
22 ARNOLD. Defendant NAY provided Defendant MATA with the name and other
23 required information to use on the otherwise blank pre-signed prescriptions.

24 9. Defendant LISA MARIE COOPER (“COOPER”) was a resident of
25 Prosser, Washington. COOPER used other individuals to obtain and fill
26 prescriptions for controlled substances using prescriptions pre-signed by Defendant
27 ARNOLD.

1 10. The Controlled Substances Act, 21 U.S.C. § 841 et seq. (“CSA”)
2 governs the manufacture, distribution, and dispensing of controlled substances in the
3 United States. With limited exceptions for medical professionals, the CSA made it
4 “unlawful for any person knowingly or intentionally ... to manufacture, distribute,
5 or dispense ... a controlled substance.”

6 11. The CSA defines a “controlled substance” as a drug or other substance
7 that is included in one of five schedules – Schedules I, II, III, IV, or V – of
8 Subchapter I, Part B of the Act. 21 U.S.C. § 802(6). Drugs or substances are placed
9 into these schedules based on their potential for abuse, among other reasons.

10 12. “Schedule II” means that the drug or other substance has a currently
11 accepted medical use with severe restrictions and has a high potential for abuse that
12 can lead to severe psychological or physical dependence. 21 U.S.C. § 812(b)(2).

13 13. “Schedule III” means that the drug or other substance has a currently
14 accepted medical use with a potential for abuse that is less than those listed in
15 Schedule II, but can lead to moderate or low physical dependence or high
16 psychological dependence. 21 U.S.C. § 812(b)(3).

17 14. “Schedule IV” means that the drug or other substance has a currently
18 accepted medical use with a low potential for abuse relative to those listed in
19 Schedule III and can lead to limited physical or psychological dependence. 21
20 U.S.C. § 812(b)(4).

21 15. “Fentanyl” is a generic name for a narcotic (opioid) analgesic. It is also
22 sold as transdermal patches under the brand name Duragesic®. Transdermal
23 fentanyl patches are designed to release a specific dose of fentanyl every hour for 72
24 hours (3 days). For example, a fentanyl 100mcg/hr patch will release 100mcg of
25 fentanyl every hour for 72 hours. Fentanyl is classified under federal law as a
26 Schedule II controlled substance. When legally prescribed for a legitimate medical
27 purpose, fentanyl typically is used for the relief of moderate to severe long-term
28

1 pain. Fentanyl can be extremely habit-forming. Fentanyl is to be prescribed only
2 when medically required and is to be taken only in a manner prescribed by a doctor
3 for a particular patient.

4 16. "Oxycodone" is a generic name for a narcotic (opioid) analgesic. It is
5 also sold under the brand name Roxicodone®. Oxycodone is classified under federal
6 law as a Schedule II controlled substance. When legally prescribed for a legitimate
7 medical purpose, oxycodone typically is used for the relief of moderate to severe
8 short-term pain. Oxycodone can be extremely habit-forming. Oxycodone is to be
9 prescribed only when medically required and is to be taken only in a manner
10 prescribed by a doctor for a particular patient.

11 17. "Methadone" is a generic name for a narcotic (opioid) analgesic. It is
12 also sold under the brand name Methadose®. Methadone is classified under federal
13 law as a Schedule II controlled substance. When legally prescribed for a legitimate
14 medical purpose, methadone typically is used for the treatment of withdrawal
15 symptoms in patients addicted to heroin and other narcotic drugs. Methadone can
16 also be used as a pain reliever as part of a drug addiction detoxification and
17 maintenance program. Methadone can be extremely habit-forming. Methadone is
18 to be prescribed only when medically required and is to be taken only in a manner
19 prescribed by a doctor for a particular patient.

20 18. "Hydromorphone" is a generic name for a narcotic (opioid) analgesic.
21 It is also sold under the brand name Dilaudid®. Hydromorphone is classified under
22 federal law as a Schedule II controlled substance. When legally prescribed for a
23 legitimate medical purpose, hydromorphone typically is used for the relief of
24 moderate to severe short-term pain. Hydromorphone can be extremely habit-
25 forming. Hydromorphone is to be prescribed only when medically required and is
26 to be taken only in a manner prescribed by a doctor for a particular patient.

1 19. “Methylphenidate” is a generic name for a stimulant. It is also sold
2 under the brand name Ritalin®. Methylphenidate is classified under federal law as
3 a Schedule II controlled substance. When legally prescribed for a legitimate medical
4 purpose, methylphenidate typically is used for the treatment of Attention Deficit /
5 Hyperactivity Disorder (ADHD), Attention Deficit Disorder (ADD), and/or
6 narcolepsy. Methylphenidate can be extremely habit-forming. Methylphenidate is
7 to be prescribed only when medically required and is to be taken only in a manner
8 prescribed by a doctor for a particular patient.
9

10 20. “Amphetamine mixture” is a generic name for a stimulant. It is also
11 sold under the brand name Adderall®. Amphetamine mixture is classified under
12 federal law as a Schedule II controlled substance. When legally prescribed for a
13 legitimate medical purpose, amphetamine mixture typically is used for the treatment
14 of Attention Deficit / Hyperactivity Disorder (ADHD) and/or narcolepsy.
15 Amphetamine mixture can be extremely habit-forming. Amphetamine mixture is to
16 be prescribed only when medically required and is to be taken only in a manner
17 prescribed by a doctor for a particular patient.

18 21. “Carisoprodol” is a generic name for a muscle relaxer. It is sold under
19 the brand name Soma®. Carisoprodol is classified under federal law as a Schedule
20 IV controlled substance. When legally prescribed for a legitimate medical purpose,
21 carisoprodol typically is used for the treatment of acute, skeletal muscle conditions
22 such as pain or injury. Carisoprodol can be habit-forming. Carisoprodol is to be
23 prescribed only when medically required and is to be taken only in a manner
24 prescribed by a doctor for a particular patient.
25

26 22. “Alprazolam” is a generic name for a sedative (benzodiazepine). It is
27 sold under the brand name Xanax®. Alprazolam is classified under federal law as a
28 Schedule IV controlled substance. When legally prescribed for a legitimate medical
purpose, alprazolam typically is used for the treatment of anxiety and panic

1 disorders. Alprazolam can be habit-forming. Alprazolam is to be prescribed only
2 when medically required and is to be taken only in a manner prescribed by a doctor
3 for a particular patient.

4 23. Pursuant to 21 U.S.C. § 822(b) and 21 C.F.R. § 290.1, the controlled
5 substances listed in Schedules II, III, IV, and V can be dispensed or distributed only
6 by prescriptions by a practitioner registered with the DEA for that purpose. The
7 DEA, as authorized by the CSA, issues registration numbers to qualifying medical
8 practitioners that allow them to issue prescriptions for Schedule II, III, IV, and V
9 controlled substances. Accordingly, controlled substances, such as opioid pain
10 medications, can be dispensed only pursuant to a valid prescription from a medical
11 practitioner authorized by the DEA to distribute controlled substances. 21 C.F.R. §
12 1306.03.
13

14 24. The term “practitioner” means a physician, medical doctor, dentist, or
15 other person licensed, registered, or otherwise permitted by the United States or the
16 jurisdiction in which he or she practiced, to distribute or dispense a controlled
17 substance in the course of professional practice.

18 25. Defendant ARNOLD was a medical doctor licensed by the State of
19 Washington Medical Board and considered a “practitioner” within the meaning of
20 the CSA.

21 26. Individual practitioners who, during times material to this Indictment,
22 wanted to distribute or dispense controlled substances in the course of professional
23 practice were required to register with the Attorney General of the United States
24 (“Attorney General”) before they were legally authorized to do so. Such individual
25 practitioners were assigned a registration number by the DEA.
26

27 27. Defendant ARNOLD was registered with the Attorney General and
28 DEA under registration number FA2884561.

1 28. Practitioners registered with the Attorney General were authorized
2 under the CSA to write prescriptions for, or to otherwise dispense, Schedule II, III,
3 IV, and ~~IV~~^{II} controlled substances, so long as they complied with the requirements of
4 their registrations. 21 U.S.C. § 822(b). The CSA prohibited any person from
5 knowingly and intentionally using a DEA registration number issued to another
6 person in the course of distributing or dispensing a controlled substance.

7 29. For medical doctors, compliance with the terms of their registration
8 meant that they could issue a prescription for a controlled substance to a patient only
9 if the prescription was "issued for a legitimate medical purpose by an individual
10 practitioner acting in the usual course of professional practice." 21 C.F.R.
11 § 1306.04(a). A doctor violates the CSA and Code of Federal Regulations if he or
12 she issues a prescription for a controlled substance outside the usual course of
13 professional medical practice and not for a legitimate medical purpose. Such
14 knowing and intentional violations subjected the doctor to criminal liability under
15 21 U.S.C. § 841(a) and 21 C.F.R. § 1306.04(a).

16 30. Pursuant to 21 C.F.R. § 1306.05(a) all prescriptions for controlled
17 substances are required to be dated as of, and signed on, the day when issued.

18 31. The practitioner must first determine that a prescription for a controlled
19 substance is for a legitimate medical purpose; then, the practitioner may authorize
20 an agent to prepare the prescription and must instruct the agent as to the required
21 elements of the prescription. The CSA defines an "agent" as "an authorized person
22 who acts on behalf of or at the direction of a manufacturer, distributor, or dispenser"
23 21 U.S.C. § 802(3). The practitioner signs the prescription only after reviewing the
24 prescription for accuracy.

25 32. Pursuant to 21 C.F.R. § 1306.12, the refilling of a prescription for a
26 Schedule II controlled substance is prohibited. However, a practitioner may issue
27 multiple prescriptions authorizing a patient to receive a total of up to a 90-day supply
28

1 of a Schedule II controlled substance if these and other conditions are met: (1) each
2 separate prescription is issued for a legitimate medical purpose by a practitioner
3 acting in the usual course of professional practice; (2) the practitioner provides
4 written instructions on each prescription (other than the first prescription, if the
5 prescribing practitioner intends for that prescription to be filled immediately)
6 indicating the earliest date on which a pharmacy may fill each prescription; and (3)
7 the practitioner concludes that providing the patient with multiple prescriptions in
8 this manner does not create an undue risk of diversion or abuse. 21 C.F.R. §
9 1306.12(b)(1).

10
11 33. The term “dispense” meant to deliver a controlled substance to an
12 ultimate user or research subject by, or pursuant to the lawful order of, a practitioner;
13 it included the prescribing and administering of a controlled substance. The term
14 “dispenser” meant a practitioner who so delivered a controlled substance to an
15 ultimate user or research subject. 21 U.S.C. § 802(10).

16 34. The term “distribute,” meant to deliver (other than by administering or
17 dispensing) a controlled substance. The term “distributor” means a person who so
18 delivers a controlled substance or a listed chemical. 21 U.S.C. § 802(11).

19 35. The term “doctor shopping” refers to the practice of a patient requesting
20 care from multiple physicians without making efforts to coordinate care or informing
21 the physicians of the other prescribing physicians in order to divert the drugs to
22 others or feed their own addiction to certain prescription drugs by faking or
23 exaggerating the extent of their true condition, or both.

24 36. Defendant ARNOLD distributed and dispensed, and caused to be
25 distributed and dispensed, Schedule II and Schedule IV controlled substances that
26 were not prescribed for a legitimate medical purpose and not in the usual course of
27 professional practice in the following non-exhaustive manners:
28

- a. Conducting cursory, incomplete inadequate or no medical examination;
- b. Collecting and reviewing inadequate patient medical history and follow-up verifications;
- c. Conducting insufficient dialogue with the patient regarding treatment options and risks and benefits of such treatments;
- d. Primarily treating patients with highly addictive controlled substances while failing to consider or prescribe other treatment options;
- e. Prescribing highly addictive controlled substances despite inadequate diagnostic testing;
- f. Prescribing highly addictive controlled substances to patients who complained of undocumented or uncorroborated physical ailments where lesser treatment options would be indicated;
- g. Failing to assess the risk of abuse for individual customers;
- h. Failing to monitor the patients' responses to the medication or compliance with medical usage;
- i. Failing to query the Prescription Monitoring Program;
- j. Failing to take a history of drug or alcohol abuse for individual patients;
- k. Increasing the dosages and strength of Schedule II controlled substances without justification;
- l. Failing to request records from prior providers or establishing why the purported patient changed providers;
- m. Routinely pre-signing blank prescriptions and giving the blank pre-signed prescriptions to her office manager, receptionist, and other non-medical personnel.

outside the usual course of professional practice, in violation of 21 U.S.C. § 841(a)(1), (b)(1)(C), (b)(2), and 21 C.F.R. § 1306.04; and,

b) to knowingly possess and intentionally possess with intent to distribute and to dispense, quantities of controlled substances, including Fentanyl, Oxycodone, Methadone, Hydromorphone, Methylphenidate, Amphetamine mixture, all Schedule II controlled substances, and Carisoprodol and Alprazolam, all Schedule IV controlled substances, in violation of 21, U.S.C. § 841(a)(1), (b)(1)(C), (b)(2), and 21 C.F.R. § 1306.04;

All in violation of 21 U.S.C. § 846.

COUNTS 2 - 8

41. Paragraphs 1 - 7, 10 - 14, 16, 23 - 37 of the General Allegations section of this Indictment are re-alleged and fully incorporated herein by reference.

42. On or about the dates set forth below, in the Eastern District of Washington, the Defendants, JANET SUE ARNOLD, DANIELLE CORINE MATA, and JENNIFER CHERI PRICHARD, specified as to each count below, did knowingly and intentionally attempt to distribute and dispense, and attempt to cause to be distributed and dispensed, a mixture and substance containing a detectable amount of a Schedule II controlled substance, as listed below, by issuing "prescriptions" without a legitimate medical purpose and outside the usual course of professional practice, each of which constitutes a separate count of this Indictment:

COUNT	Approximate Distribution Date	Defendant	Name on Prescription	Controlled Substance	Quantity
2	10/9/2015	ARNOLD	K.C.	Oxycodone 15mg	30 pills

3	2/1/2016	ARNOLD	K.C.	Oxycodone 20mg	60 pills
4	2/17/2016	ARNOLD, MATA	K.C.	Oxycodone 20mg	90 pills
5	3/2/2016	ARNOLD	K.C.	Oxycodone 20mg	90 pills
6	10/7/2016	ARNOLD	K.C.	Oxycodone 20mg	240 pills
7	3/22/2017	ARNOLD, MATA, PRICHARD	K.C.	Oxycodone 30mg	150 pills
8	3/22/2017	ARNOLD, MATA, PRICHARD	K.C.	Oxycodone 30mg	150 pills

All in violation of 21 U.S.C. §§ 841(a)(1), (b)(1)(C), 846, 21 C.F.R. § 1306.04, and 18 U.S.C. § 2.

COUNTS 9 - 65

43. Paragraphs 1 – 16, 21, and 23 -37 of the General Allegations section of this Indictment are re-alleged and fully incorporated herein by reference.

44. On or about the dates set forth below, in the Eastern District of Washington, the Defendants, JANET SUE ARNOLD, DANIELLE CORINE MATA, JENNIFER CHERI PRICHARD, DAVID BARNES NAY, and LISA MARIE COOPER, specified as to each count below, did knowingly and intentionally distribute and dispense, and cause to be distributed and dispensed, a mixture and substance containing a detectable amount of a Schedule II controlled substance (Oxycodone, Fentanyl) and Schedule IV controlled substance (Carisoprodol), as listed below, by issuing “prescriptions” without a legitimate medical purpose and outside the usual course of professional practice, each of which constitutes a separate count of this Indictment:

COUNT	Approximate Distribution Date	Defendant	Name on Prescription	Controlled Substance	Quantity
9	4/30/2016	ARNOLD, MATA, COOPER	K.M	Oxycodone 15mg	120 pills
10	5/2/2016	ARNOLD, MATA, NAY	N.L	Oxycodone 20mg	60 pills
11	5/26/2016	ARNOLD, MATA, NAY	N.L.	Fentanyl 50mcg	15 patches
12	5/27/2016	ARNOLD, MATA, NAY	R.I.	Oxycodone 10mg	120 pills
13	6/3/2016	ARNOLD, MATA, COOPER	C.L.	Fentanyl 50mcg	15 patches
14	6/16/2016	ARNOLD, MATA, NAY	R.I.	Oxycodone 20mg	180 pills
15	6/18/2016	ARNOLD, MATA, COOPER	K.M	Fentanyl 75mcg	15 patches
16	6/18/2016	ARNOLD, MATA, COOPER	K.M.	Oxycodone 10mg	360 pills
17	6/27/2016	ARNOLD, MATA, NAY	R.S.	Oxycodone 10mg	180 pills
18	7/6/2016	ARNOLD, MATA, COOPER	C.L.	Fentanyl 100mcg	15 patches
19	7/7/2016	ARNOLD, MATA, NAY	C.S.	Fentanyl 50mcg	15 patches
20	7/19/2016	ARNOLD, MATA, COOPER	K.M.	Oxycodone 20mg	180 pills

21	8/9/2016	ARNOLD, MATA, NAY	N.L.	Fentanyl 100mcg	15 patches
22	8/9/2016	ARNOLD, MATA, NAY	N.L.	Oxycodone 20mg	180 pills
23	8/15/2016	ARNOLD, MATA, NAY	K.Y.	Oxycodone 10mg	120 pills
24	8/18/2016	ARNOLD, MATA, COOPER	K.M.	Oxycodone 30mg	180 pills
25	9/8/2016	ARNOLD, MATA, NAY	R.S.	Fentanyl 50mcg	15 patches
26	9/19/2016	ARNOLD, MATA, NAY	P.S.	Fentanyl 25mcg	15 patches
27	9/19/2016	ARNOLD, MATA, NAY	P.S.	Oxycodone 15mg	120 pills
28	9/22/2016	ARNOLD, MATA, NAY	R.I.	Fentanyl 100mcg	15 patches
29	10/7/2016	ARNOLD, MATA, NAY	N.L.	Fentanyl 100mcg	15 patches
30	10/7/2016	ARNOLD, MATA, NAY	N.L.	Oxycodone 20mg	180 pills
31	10/7/2016	ARNOLD, MATA, PRICHARD	M.A.	Carisoprodol 350mg	90 pills
32	10/7/2016	ARNOLD, MATA, PRICHARD	A.M.	Carisoprodol 350mg	90 pills
33	10/18/2016	ARNOLD, MATA, NAY	S.R.	Oxycodone 5mg	120 pills

34	10/18/2016	ARNOLD, MATA, NAY	C.S.	Oxycodone 15mg	180 pills
35	10/18/2016	ARNOLD, MATA, COOPER	K.M.	Fentanyl 100mcg	15 patches
36	10/20/2016	ARNOLD, MATA, NAY	K.Y.	Fentanyl 75mcg	15 patches
37	10/27/2016	ARNOLD, MATA, NAY	P.S.	Oxycodone 15mg	120 pills
38	10/27/2016	ARNOLD, MATA, NAY	P.S.	Fentanyl 25mcg	15 patches
39	11/1/2016	ARNOLD, MATA, NAY	S.R.	Oxycodone 10mg	120 pills
40	11/10/2016	ARNOLD, MATA, NAY	N.L.	Oxycodone 20mg	180 pills
41	11/10/2016	ARNOLD, MATA, NAY	N.L.	Fentanyl 100mcg	15 patches
42	11/14/2016	ARNOLD, MATA, COOPER	C.L.	Oxycodone 30mg	180 pills
43	11/25/2016	ARNOLD, MATA, NAY	S.R.	Oxycodone 15mg	150 pills
44	12/1/2016	ARNOLD, MATA, NAY	P.S.	Fentanyl 50mcg	15 patches
45	12/1/2016	ARNOLD, MATA, NAY	P.S.	Oxycodone 15mg	120 pills
46	12/5/2016	ARNOLD, MATA, PRICHARD	K.S.	Carisoprodol 350mg	90 pills

47	12/12/2016	ARNOLD, MATA, NAY	R.S.	Oxycodone 15mg	180 pills
48	12/12/2016	ARNOLD, MATA, NAY	S.R.	Oxycodone 15mg	150 pills
49	12/19/2016	ARNOLD, MATA, PRICHARD	K.M.	Carisoprodol 350mg	120 pills
50	12/23/2016	ARNOLD, MATA, NAY	K.Y.	Fentanyl 50mcg	15 patches
51	1/9/2017	ARNOLD, MATA, NAY	R.I.	Fentanyl 100mcg	15 patches
52	1/20/2017	ARNOLD, MATA, COOPER	C.L.	Fentanyl 100mcg	15 patches
53	1/31/2017	ARNOLD, MATA, NAY	K.Y.	Oxycodone 15mg	120 pills
54	2/15/2017	ARNOLD, MATA, NAY	R.I.	Fentanyl 100mcg	15 patches
55	3/3/2017	ARNOLD, MATA, COOPER	C.L.	Oxycodone 30mg	180 pills
56	3/8/2017	ARNOLD, MATA, NAY	C.S.	Fentanyl 75mcg	15 patches
57	3/9/2017	ARNOLD, MATA, NAY	C.S.	Oxycodone 15mg	180 pills
58	3/10/2017	ARNOLD, MATA, PRICHARD, COOPER	C.C.	Fentanyl 100mcg	15 patches
59	3/27/2017	ARNOLD,	R.I.	Oxycodone 20mg	180 pills

		MATA, NAY			
60	3/29/2017	ARNOLD, MATA, NAY	K.Y.	Fentanyl 75mcg	15 patches
61	3/31/2017	ARNOLD, MATA, NAY	R.S.	Fentanyl 75mcg	15 patches
62	4/3/2017	ARNOLD, MATA, NAY	S.R.	Fentanyl 75mcg	15 patches
63	4/17/2017	ARNOLD, MATA, NAY	C.S.	Oxycodone 20mg	120 pills
64	4/28/2017	ARNOLD, MATA, NAY	R.S.	Fentanyl 50mcg	15 patches
65	4/28/2017	ARNOLD, MATA, COOPER	S.F.	Fentanyl 25mcg	15 patches

All in violation of 21 U.S.C. § 841(a)(1), (b)(1)(C), (b)(2), 21 C.F.R. § 1306.04, and 18 U.S.C. § 2.

NOTICE OF CRIMINAL FORFEITURE ALLEGATIONS

45. The allegations contained in Counts 1 through 65 of this Indictment are hereby realleged and incorporated by reference for the purpose of alleging forfeitures pursuant to 21 U.S.C. § 853.

46. Pursuant to 21 U.S.C. § 853, upon conviction of an offense(s) in violation of 21 U.S.C. §§ 841(a)(1), 846, as set forth in this Indictment, the Defendants, JANET SUE ARNOLD, DANIELLE CORINE MATA, JENNIFER CHERI PRICHARD, DAVID BARNES NAY, and LISA MARIE COOPER, shall forfeit to the United States of America, any property constituting, or derived from,

1 any proceeds obtained, directly or indirectly, as the result of such offense(s) and
2 any property used or intended to be used, in any manner or part, to commit or to
3 facilitate the commission of the offense(s).


4 47. If any of the property described above, as a result of any act or
5 omission of the Defendant(s):

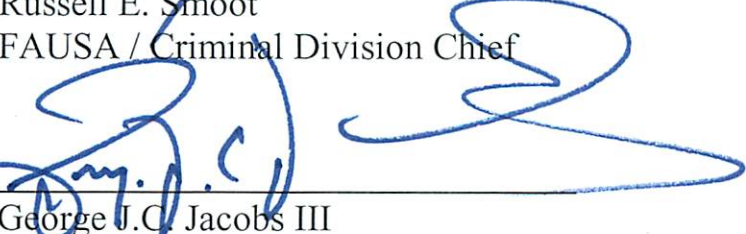
- 6 a. cannot be located upon the exercise of due diligence;
7 b. has been transferred or sold to, or deposited with, a third party;
8 c. has been placed beyond the jurisdiction of the court;
9 d. has been substantially diminished in value; or
10 e. has been commingled with other property which cannot be divided
11 without difficulty, the United States of America shall be entitled to forfeiture of
12 substitute property pursuant to 21 U.S.C. § 853(p).
13

14 DATED this 18 day of September, 2018.

15 A TRUE BILL
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19

20 Joseph H. Harrington
21 United States Attorney

22 
23 _____
24 Russell E. Smoot
25 FAUSA / Criminal Division Chief

26 
27 _____
28 George J.C. Jacobs III
Assistant United States Attorney